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TO: Each Supervisor

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**SUBJECT: KING/DREW MEDICAL CENTER ACTIVITY REPORT – WEEK ENDING
May 27, 2005**

This is to provide you with an activity report for the week ending May 27, 2005 for King/Drew Medical Center (KDMC). This report details activities conducted by the Director of Department of Health Services (DHS) and Navigant Consulting, Inc.

DHS DIRECTOR

- Met with Department of Pathology, which is fully accredited and recently passed an accreditation review with new standards and little advanced warning. They do not have a residency program. We discussed laboratory consolidation and potential to save some costs by bringing some serology test in house. These issues are being pursued in the Department's systemwide Clinical Operations Committee.
- Participated in Board of Supervisors meeting (5 hours).
- Met with Department of Anesthesiology. The Department has a database of every minute of anesthesia administered over the past 11 years. The Department also provided detailed call and service schedules for all their physicians. They currently have 18 approved resident slots and 15 residents on board. Board pass rates have recently improved. Since the loss of the surgical residency, they can use more operative cases. They are working

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on plans for a Peri-operative Care Center that would expedite outpatient surgeries. They are part of the OR Governance Committee that is making inroads in the flow of patients and staff through the operating room.

- Participated in second meeting of Ad Hoc Steering Committee of the KDMC Hospital Advisory Board. The Committee spent two hours looking at the issues surrounding the retention and recruitment of emergency room physicians. Issues of pay and workload were discussed and the vice-chair of the Emergency Medicine Department participated. A survey of local hospital rates of compensation was provided by a Committee member. Formal recommendations are being developed.
- Identified and reviewed backgrounds of consultants for the Chief Administrative Office to look at management contracting for KDMC, per Board instruction.
- Spoke to the Los Angeles County Commissioners Leadership Conference regarding the Department's progress in measuring and improving performance.
- Met with State Department of Health Services officials (along with Navigant and other DHS staff) regarding the progress and plans at KDMC. Accompanied State officials on a tour of KDMC.
- Met with Drew and Navigant staff regarding mental health care at KDMC. Developed a plan to expedite recruitment of a Department Chair and to solidify physician staffing at KDMC. Also, met with Drug and Alcohol Treatment and Public Health regarding additional enhancements of drug and alcohol treatment services for DHS psychiatric emergency rooms and psychiatry inpatient units, systemwide.
- Met with CAO to discuss capital repairs and improvements at KDMC.

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- ***Pressing Issues***
 - An emergency room patient was diagnosed with an infectious disease and subsequently transferred to another hospital. All staff that may have been exposed have been identified and treated and two volunteers are being contacted to provide appropriate medication.
- ***KDMC Quality Turnaround Plan***
 - No unexpected deaths sent for additional review, however, several clinical cases were sent for additional review. Any further information will be reported under Section 1157 protection.
- ***Physicians***
 - On a daily basis, the hospital has patients who need to be taken off the respirator. This requires a specific, multi-disciplinary process known as weaning. A newly developed

weaning policy will be presented at the next Medical Executive Committee Meeting. The policy is important to reduce the number of respirator dependent patients in the Intensive Care Unit.

- An Obstetrics and Gynecology physician will be participating in a session with nurses and other clinicians on June 1 to:
 - Develop a family-centered vision for obstetrical services at KDMC;
 - Develop policies and procedures to support this family centered vision;
 - Develop a patient flow diagram for this care; and,
 - Finalize a list of equipment and other needs to make this new approach work.
- ***Nursing***
 - A process has been created, called "One Stop Beds", which has reduced the complexity and difficulty in identifying vacant beds. The old process frequently caused delays in the ability to transfer patients out of the emergency room and admit them into the hospital. This new process also provides for a mechanism to prevent hospital beds/rooms from being closed unnecessarily.
 - Nursing vacancies and scheduling problems have been significant reasons leading to bed closures. Nurse Managers have been trained on the importance of scheduling nurses to eliminate lack of staff due to scheduling problems. This process now includes posting schedules in the nursing management offices to ensure that beds will remain open.
- ***Pharmacy***
 - The first meeting was held of the multidisciplinary Medication Safety Task Force, which is working to develop a system for the collection and tracking of medication errors across the hospital.
 - The Nursing Directors, in collaboration with Pharmacy, approved a draft of the Medication Administration Policy. The draft will be submitted to the Medication Safety Task Force for review.
- ***Perioperative Services***
 - There have been instances in the past where sponges were not counted at the end of surgery and remained in patients. A new Sponge Count Policy has been approved and operating room staff were trained on the new Sponge Count Policy on May 27. A listing of required skills and knowledge has been developed and the staff will have 30 days to ensure that they are meeting these requirements.
 - New forms have been developed to ensure "time out" for Surgical Site/Side verification. This means staff can stop what they are doing to verify the right side or site of surgery.
 - KDMC received approval to be the first County institution to have the ORSOS (operating room software) system upgraded. The ORSOS upgrade will allow better

management of the operating room schedule and will allow linkage of the operating room inventory with usage patterns. This will facilitate the goal of having the right instruments available at the right place at the right time.

- ***Safety***

- As part of improving patient and employee safety, a process has been implemented that requires key hospital executives to formally visit nursing units and interview staff, using specifically developed questions, to identify clinical issues. The second formal visit, which are being called Patient Safety Rounds, was conducted on May 25. The staff on the nursing units have been very open and willing to discuss issues, which are then turned into action plans to resolve any identified problems.

- ***Infection Control***

- A key deficiency noted by the Joint Commission for Accreditation of Healthcare Organizations was the lack of an appropriate Infection Control Plan and attendant surveillance. A revised and approved Infection Control Plan was rolled out through a successful Infection Control Training Fair held on May 25 and 26.

- ***Lab***

- The laboratory is providing hands-on phlebotomy training for nurses in the Emergency Department, as well as training for new nurses entering KDMC, including travelers. Approximately 200 nurses have undergone the training, which is designed to improve the management of drawing blood and reduce infection and contamination rates.
- The laboratory, health information management and nursing managers developed a plan to secure the filing of laboratory reports in patient charts. The program will go into effect on June 1, following two pilot runs conducted between May 23 and 30.
- During the month of May, the laboratory automated point-of-care-testing urinalysis and pregnancy testing using the status analyzer, which removes the subjectivity in interpreting test results and improves accuracy.

- ***Human Resources***

- One Registered Nurse and four other staff were hired.
- Fifteen cases were referred for discipline to Human Resources; one nursing, three medical ancillary, three pharmacy, and eight support staff.

Please let us know if you have any questions.

TLG:KR:mm

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors